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POSITION	ID NO.
CLASSIFIER	
EXAMINER	
TYPIST	
VERIFIER	
CORPS CORR.	
SPEC. HAND	
FILE MAINT.	
DRAFTING	

INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓	✓	11/2/44
2	✓	✓	8/3/46
3	✓	✓	11/14/48
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
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18	✓	✓	
19	✓	✓	
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